## FEE TRANSMITTAL FY 2007

First Named Group No. Examiner Na					2832 Nguyen, T.T.														
															Confirmation	n No.	1871		
											METHOD OF PAYMENT						FEE CALCULATION (continued)		
Payment Enclosed:						4. ADDITIONAL FEES													
☐ Check ☐ Money Order ☐ Other						Small Entity													
The Commissioner is hereby authorized to credit or charge any fee						Fee (\$)	Fee Description	Fee Paid											
indicated below for this submission to Deposit Account No. 503081.  Required Fees (copy of this sheet enclosed).						65	Surcharge - late filing fee or oath												
Additional fee required under 37 CFR 1.16 and 1.17.						25	Surcharge - late provisional filing fee or cover sheet												
Overpayment Credit.						130	Non-English specification												
Applicant claims small entity status. (deduct 50%)						2,520	Request for ex parte re-examination												
		ALCULA			120	60	Extension for reply within 1st mo. 6												
1. BASIC FILI					450	225	Extension for reply within 2 <sup>nd</sup> mo.												
Application Type	Filing	Search	Examination	Fee Paid	1,020	510	Extension for reply within 3 <sup>rd</sup> mo.												
Utility	300	500	200		1.590	795	Extension for reply within 4th mo.												
Design	200	100	130		2,160	1,080	Extension for reply within 5th mo.												
Plant	200	300	160		500	250	Notice of Appeal												
Reissue	300	500	600		500	250	Filing a brief in support of an appeal												
Provisional	200	0	0	<del> </del>	1,000	500	Request for oral hearing												
			y Discount . TOTAL	0.00	400 1 180	0 180	Petitions to the Director Submission of IDS	_											
2. EXCESS CL	AIM PEPO	<u>'</u>	Fee	Small Entity	J 180 790	395	Filing a submission after final												
	im over 21 or, for F	Cossues can	n cleim	Fee (\$)	790	393	rejection (37 CFR 1.129(a))												
	and more than in th			25	700	204													
	ependent claim ove			100	790	790 395 For each additional invention to be examined (37 CFR 1.129(b))													
	ependent claim mo	re than in the	original		100	100	Certificate of Correction for applicant's												
patent.					100	100	error												
Total Claims		Extra Claim	s	Fee Paid (\$)	130	65	Submission of Terminal Disclaimer	-											
- or HP= x \$ = HP = highest number of total claims paid for, if greater than 20						e (Specify)	Request for Continued Examination (RCE)	395.00											
Indep. Claims	- or HP=	Extra Claim		Fee Paid (\$)															
HP = highest number	d for, if great	x \$ =		Other fee	e (Specify)	4. TOTAL:	455.0												
Multiple Depender Claims	nt Fee(\$) 360		Ill Entity fee (\$) 80	Fee Paid (\$)															
Ciaims	360		80		j		TOTAL AMOUNT S	SUBMITTE											
			2. TOTAL:	0.00	1		(\$) 4	55.00											
3. APPLICATION	ON SIZE FEE	2			SIGNATURE BLOCK														
If the specification and drawing exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional sheets or fraction there of. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							Respectfully submitted,												
Total Sheets		thereof	50 or fraction	Fee (\$) Fee Paid	Date: February 12, 2007														
-100=	round up to a -100= 0 /50= whole number x = 0.00				Reg. No.:	55,926 (617) 526-	Joseph M. Maraia												
-100= 0 /50= whole number x = 0.00 3. TOTAL: 0.00							Attorney for the Applicant(s)												
CORRESPONDENCE ADDRESS																			
D:		NDENCI	L ADDRESS		4		One International Place												
Direct all correspo	Patent A Proskau One Inte	dministrate or Rose LL rnational F MA 02110	P face				Boston, MA 02110-2600												
	Tel. No.	(617) 526	<b>-9</b> 600																
	Fax No.:	(617) 526	-9899																

## FEE TRANSMITTAL FY 2007

Boston, MA 02110 Tel. No.: (617) 526-9600 Fax No.: (617) 526-9899

				Group No.		2832		<b>-</b>		6		
Examiner Nar												
Confirmation						1871						
	MATERIA	OFF	(A CDAIM)									
	METHOI	OF PA	YMENT		FEE CALCULATION (continued)							
Payment E	enclosed:				4. ADD	ITIONAL F	EES					
☐ Check ☐ Money Order ☐ Other						Small Entity						
The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 503081.						Fee (\$)	Fee Description			Fee Paid		
Required Fees (copy of this sheet enclosed).						65	Surcharge - late f	iling fee	or oath			
⊠	Additional fe	e required	under 37 CFR 1.	16 and	50	.25		urcharge - late provisional filing fee or				
	Overpaymen	t Credit			130	130	Non-English spe	rification		-		
			tatus. (deduct 50	0%)	2,520	2,520		quest for ex parte re-examination				
e.s reprises		ALCULA		070)	120	60		ension for reply within 1st mo. 60				
1. BASIC FILIN				PEFE	450	225		extension for reply within 2 <sup>nd</sup> mo.				
Application	Filing	Search	Examination									
Туре				Fee Paid	1,020	510	Extension for rep					
Utility	300	500	200		1.590	795	Extension for rep	ly within	4th mo.			
Design	200	100	130		2,160	1,080	Extension for rep	ly within	5th mo.			
Plant	200	300	160		500	250	Notice of Appeal					
Reissue	300	500	600		500	250	Filing a brief in s	upport of	an appeal			
Provisional	200	0	0		1,000	500	Request for oral	hearing				
		mall Entir	y Discount		400	0	Petitions to the D	irector				
		1	. TOTAL	0.00	180	180	Submission of II	S				
2. EXCESS CL	AIM FEES		Fee	Small Entity	790	395	Filing a submissi	on after f	inal			
Each clain		Fee (\$)	,,,,	575	rejection (37 CF)							
over 20 ar	id more than in th	e original par	tent 50	25	790	395	Consent addition		to a section			
Each independent claim over 3 or, for Ressues, 200 100 each independent claim more than in the original						examined (37 CFR 1.129(b))			b))			
patent.					100	100	Certificate of Correction for applicant's error					
Total Claims Extra Claims			Fee Paid (\$)	130	130 65 Submission of Terminal Disclaimer			isclaimer				
	- or HP=		x \$ =									
HP = highest number of total claims paid for, if greater than 20						ec (Specify)	Request for Continued Examination			395.00		
Indep. Claims		E ou		Fee Paid (\$)			(RCE)	395.00				
muep. Cianns		Extra Clain		ree Paid (5)								
or HP= x \$ =  HP = highest number of total claims paid for, if greater than 3						e (Specify)		4	TOTAL:	455.00		
Multiple Dependen Claims	t Fee(\$) 360		all Entity fee (\$) 80	Fee Paid (\$)								
Ciallis	300	1	80		1			TOTA	L AMOUNT	CHRMITTER		
			2. TOTAL:	0.00	1			1017		55.00		
3. APPLICATION SIZE FEE						SIGNATURE BLOCK						
If the specification			h						-			
fee due is \$250 (\$1 there of. See 35 U.	25 for small en	tity) for ea	ch additional shee	ets or fraction			Respe	etfully s	submitted,			
Total Extra Sheets Additional 50 or fraction Fee (\$) Fee						Date: February 12, 2007						
round up to a						Reg. No.: 55,926 Joseph M. Maraia Tel. No.: (617) 526-9885 Attorney for the Applicant(s)						
-100= 0 /50= whole number x = 0.00										t(s)		
			3. TOTAL:	0.00	Fax No.:	Fax No.: (617) 526-9899 Proskauer Rose LLP						
	CORRESPO	NDENC:	E ADDRESS			One International Place						
Direct all correspondence to:						Boston, MA 02110-2600						
1		dministrat	or					.,				
l	Proskau	er Rosc LL	.P		1							
l	One Into	rnational I	Place		1							